A Recovery Culture Progress Report

(2009)

Many programs around the country have been inspired by the recovery movement and are trying to transform their programs into recovery based programs. They have been impressed both by the values underlying the movement and by the results:

- Recovery is the treatment culture that facilitates the integration of the evidence based practices into one seamless program
- Recovery includes and engages many people previously considered "inappropriate for treatment" or "noncompliant"
- Recovery programs focus on and create the quality of life outcomes the deinstitutionalization movement dreamed of
- Recovery supports the consumers' civil rights movement and fights stigma

But it can be frustrating trying to know exactly what it means to be a recovery based program. In some places there is a desire to have some "fidelity" standard to know what they're supposed to do as many of the "evidence based practices" have, but there isn't one; and there probably never will be. This is because fundamentally recovery is not a practice; it is a culture. It's not as much what you do, but how you do it. Recovery focuses on values and meaning more than on behaviors which makes it, like any aspiring "evidence based culture," hard to evaluate.

For example, the SAMSHA description of recovery practices relies on 10 values:

- Self-direction
- Individualized and person-centered
- Empowerment
- Holistic
- Non-linear
- Strengths-based
- Peer support
- Respect
- Responsibility
- Hope

These are almost all difficult to observe or quantify yet they are likely to be correlated with better outcomes.

Many recovery advocates complain that programs claim they are recovery based when, in their opinion, they really aren't. As a result, a number of the leaders of the recovery movement (probably most notably Bill Anthony's four "Elements of a Recovery Oriented Mental Health Program" - Person Orientation, Person Involvement, Self Determination / Choice, and Growth Potential) have attempted to

define more clearly what really determines if a program is recovery based or not. This Progress Report is our effort.

We made several choices in the design of this progress report:

1. It is designed around seven value laden dimensions, that I feel distinguish recovery cultures from other compassionate, responsible, helpful treatment cultures. They are also transformative dimensions that I feel are necessary to achieve recovery based transformation. Good programs should also be doing many other things besides recovery transformation, not captured in this progress report. This progress report is not a list of needed services or a tool for reducing waste or corruption. It is a tool to measure indicators of a recovery based culture.

2. Instead of trying to define these dimensions, beyond the values they embody, we created a long list of observable practice "indicators" for each dimension. The inspiration for this choice came from the way the value of "handicapped accessibility" has been concretized in the ADA with a series of observable practices. Taken together, we hope the indicators concretely illustrate the values of each dimension and how fully they can be concretely realized in a given program.

3. We got these indicators from a series of recovery culture workshops with staff, administrators, and consumers at a variety of programs, with an especially large contribution from the staff at MHA Village. These are all things people are already doing somewhere. You may have your own indicators to add to the lists. We ordered them according to our vision and experience.

4. Instead of being a pass-fail audit tool, this is a progress report. For each dimension a program can be rated as exploring, emerging, maturing, or excelling and can have a clear idea of what next steps could be to continue their transformation. The process is never finished, but we need to celebrate our progress along the way. To achieve a rating a program doesn't have to do everything in a given rating. Figure out which rating the program most closely resembles. The rating is meant to reflect a program's overall progress and recovery culture, not an extensive "to do check-list". On the other hand, we believe each of the indicators are worth doing in their own right.

5. This report card can be used (and presumably abused) by administrators or auditors evaluating a program from the outside or by a program and its clients evaluating themselves and getting ideas and guidance for further improvements.

6. It can also be used as a research tool (if validated) as either the outcome of an intervention when studying how to make programs more recovery based or as a treatment variable - either on its own (Does a program rated higher on these dimensions have better client outcomes?) or as a co variable (Do medications, or various Evidence Based Therapies promote better client outcomes if the program they are used in rates higher on these dimensions?)

7. This progress report is designed to be applied to adult, multicultural, community based, public mental health programs, our area of expertise.

8. We have attempted to be sensitive in our use of language while being as concise and consistent as possible. In general, anyone receiving services at the program being evaluated is called a client and anyone paid to be working with them is a staff, while people who have used mental health services, whether in this program or not, working in mental health or not, are called consumers.

The overall format is:

Dimensions	Not Yet Explored	Exploring	Emerging	Maturing	Excelling
Welcoming and Accessibility					
Growth Orientation					
Consumer Inclusion					
Emotionally Healing Environments and Relationships					
Quality of Life Focus					
Community Integration					
Staff Morale and Recovery					

These seven dimensions have been chosen as key to recovery based services and cultures as expressed by various leaders and documents of the recovery movement. Within each dimension we have categorized indicators within a number of components to more completely portray each dimension.

Recovery Culture Progress Report

Scoring Instructions

Choosing Indicators for each Dimension:

1) Pick an indicator in each row that most clearly resembles the program's services.
2) Choose ONE rating (not yet explored, exploring, emerging, maturing or excelling) for each row.
3) If there is more than one indicator in a row that applies, choose the highest rating that honestly applies for that row.
4) If the program has not yet begun exploring that area, select **NOT YET EXPLORED**
5) Make every attempt to select one indicator for each row. If you find that your particular agency **excels** at a particular item but that practice is not one of the indicators, write the row name and the excelling practice at the end of the section beneath the scoring summary.

Once you have finished picking Indicators in a Dimension:

1) Add up each column (not yet explored, exploring, emerging, maturing or excelling) within that dimension
2) Divide each column's total by the total number of rows for that dimension.
3) Write the percentage in the last row for each column.

When you have finished picking indicators for all of the Dimensions:

1) Take the percentages in each column of each indicator and rewrite them in the empty form at the end of this progress report.
2) Note the high and low categories for each Dimension.
3) Write where the organization currently rates itself (exploring, emerging, maturing or excelling) in each dimension based on the highest percentage for that dimension.

To begin, please provide the following information.

Agency/Program/Clinic Rated_____ Date of Rating_____

Rater Identification (Select all that apply)

- ☐ **Consumer/receiver of services**
- ☐ **Family member**
- ☐ **Line staff**
- ☐ **Supervisor/Administrator**
- ☐ **Other (please specify: _____)**

Welcoming and Accessibility

Recovery programs are fundamentally relationship based. We try to "meet people where they are at." We realize most people with serious mental illnesses don't accept any services and that symptoms, stigma, trauma, low motivation, and negative treatment experiences can all be obstacles to getting help.

	Not Yet Explored	Exploring	Emerging	Maturing	Excelling
Hours	☐	Program only open 9 – 5 ☐	Staff can keep program open after hours for crisis ☐	Staff regularly flex hours to be available for services and activities after hours or on weekends and holidays ☐	Program open hours are based upon an assessment of the demographics and needs of the clients ☐
Welcome / Greeting into program	☐	Office staff and security greets all clients in friendly manner at the door ☐	New clients are shown around the building and introduced to a variety of staff and programs ☐	Clients are volunteer or paid greeters and "internal navigators" helping access program services ☐	Rituals are practiced to introduce new clients to the program's community ☐
Where services take place	☐	Staff can make emergency home / field visits ☐	Initial face to face visit can take place in the community ☐	Staff provide mobile care services, "in home services" not just in emergencies ☐	Arrangements can be made to work with people outside of the building – e.g. if they are too paranoid, disrupts other clients, steals ☐
Reduce barriers to services	☐	Staff refer to multiple services within the program ☐	Clients choose services they want to participate in ☐	Can begin with services directed towards any goal, even if not taking meds or clean and sober ☐	Able to serve clients who don't "admit" they have a mental illness or substance abuse problem even with active symptoms ☐
Walk-ins	☐	Walk-ins available for emergencies or hospital referrals ☐	Accommodate walk-ins for first appointment and missed appointments ☐	Staff work as teams to accommodate walk-ins and outreach lost clients - including home visits ☐	Everyone accessible for drop-ins, not just "on-call" person ☐
After hour system	☐	After hours call system is operated by a third party ☐	Staff willing to work on-call are identified ☐	After hours coverage by staff who know the clients ☐	Staff proactively reach out to at risk clients beyond 9-5 ☐

Welcoming and Accessibility

Support for people accessing other community services	☐	People seeking services who are not eligible are told that they cannot receive services and are given a resource list ☐	Assistance provided in confirming service eligibility for various services ☐	Staff have personal connections with staff at other agencies they use to facilitate clients accessing services ☐	"no wrong door" - personally supported referrals to other programs - may include calls, transportation, and personal follow-up ☐
Welcoming inclusive atmosphere	☐	Clients restricted to waiting room – Staff chosen furniture, paint, "hominess" in waiting room ☐	Clients encouraged to help with groups /activities, decorations even without staff in the room overseeing them ☐	Program is "shared space" with open access to most areas – including bathrooms ☐	Observers can't tell who the clients are and who the staff is by walking around ☐
Community based outreach efforts	☐	Brochures that describe services are passed out to community ☐	Program participates in local health fairs, mental health screening, public education ☐	Staff doing open ended outreach in community (homeless, jails, hospitals, library) or co-located part time at other social service agencies ☐	Program facilitates and educates any community member to be a natural support for people with mental illnesses ☐
Cultural competence	☐	Staff trainings on cultural competence ☐	Hire staff who reflect the cultural makeup of the clients ☐	Services are modified to take into account staff and client culture (e.g. Spanish speaking NAMI group, White Buffalo healing group), with some services designed explicitly to serve a specific culture (e.g. Afghan refugee group) ☐	Non-dominant culture values and practices included and welcomed knowing full well they may change the dominant culture values and practices (e.g. inclusion of a native American healer on the staff with active referrals from and collaborations with all staff and included in team meetings) ☐
Total in Each Column					
% Score (total/10)					

Row Name	Excelling Activity/Practice beyond what is specified in that particular row
_____	_____
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Growth Orientation

Recovery programs believe that people can recover. They may not be able to eliminate all their symptoms, but they can regain control of their lives, rebuild their lives, grow, heal, and achieve meaningful lives. We try to provide encouragement, support, opportunities, and skills. We have an overarching expectation that people will learn and grow from their experiences, eventually even moving beyond us.

	Not Yet Explored	Exploring	Emerging	Maturing	Excelling
Program outcomes based on growth	☐	Identify markers of growth (e.g. living situation, employment, substance abuse recovery) ☐	Service goals reflect personal growth rather than stability or symptom control ☐	Agency wide reports of documentation of client growth, including movement across levels of care ☐	Disseminate results back to staff, consumers, and community for use to improve program ☐
Staff tools to promote client growth	☐	Charts document to growth goals and dreams ☐	Growth oriented service planning tools ☐	Tools for exploring and defining clients' vision for their future and growth oriented goals ☐	Staff review growth data w/ consumer for future services and growth ☐
Growth celebration	☐	Staff acknowledges growth milestones with clients ☐	Celebrate independent living, employment, substance abuse, etc. recovery milestones on site ☐	Movement within program has milestones of accomplishment and growth that are recognized ☐	Community recognition and celebration of accomplishments (e.g. Golden Ducky Awards) ☐
Client Graduation	☐	Staff can name some clients who have successfully completed the program ☐	Graduation for moving successfully between program elements and for leaving program ☐	Special program exists to help people to graduate from program (purposeful, accomplishment driven) ☐	Widespread development of community connections with services and resources for clients to graduate into ☐
Staff roles in promoting client dependence or independence	☐	Teach staff skills they need to teach consumers and teach staff skill building skills ☐	Always looking for "teachable moment" while doing case management – "teach to fish instead of giving a fish" – documentation of teaching in progress notes ☐	Skill building in "natural environment" where skill is to be used utilizing "natural consequences" to help clients learn from their experiences and risk taking while providing "high support" – ☐	Program and staff model growth for clients by growing themselves and sharing their experiences ☐

Navigation of services towards growth	☐	List available services ☐	Navigation map / flow chart of program is created ☐	Navigational tool of progression in program for clients to track their progress and hopes reviewed annually with client ☐	Develop tool which matches services with stages of change / "readiness" for each client ☐
Use of clinical expertise to promote growth	☐	Multi-disciplinary involvement in staff meetings and treatment planning ☐	Actively track symptom improvement with medication change ☐	Widespread incorporation of growth oriented therapies – CBT, DBT, ITP – and self help growth oriented tools ☐	Inclusion of multidisciplinary providers and informal support from the community – using all available expertise ☐
Clients as Role Models	☐	Availability of stories and/or photos of clients who have done well ☐	Share client success stories with other clients ☐	Consumer "life coach" or consumer "bridger" program ☐	Creation of "alumni group" and track their outcomes after they leave the program ☐
Use of motivational skills to promote growth	☐	Chart documents client's response to staff recommendations ☐	Staff act as "personal coaches" promoting "just hard enough challenges" to keep clients moving forwards without overwhelming them ☐	Widespread use of motivational interviewing for all growth areas (not just substance abuse) matching responses to where client is at in their stages of change ☐	Alter ways of teaching clients depending on their developmental stage (e.g. separateness, logical thinking, time, ethics) and abilities ☐
Use of exposure to promote growth	☐	Staff explores ideas for client's future growth and shares examples of growth of other people with mental illnesses ☐	Staff and clients go into community to expose clients to new things that would require growth (e.g. education, work, community groups, volunteering) ☐	Staff actively support clients in taking first steps in beginning new activities (e.g. accompany them to register in school, job interview, free concert) ☐	Staff actively connect clients with other clients already doing things in community to expose new clients ☐
Total in Each Column					
%Score (total/10)					

Row Name	Excelling Activity/Practice beyond what is specified in that particular row
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Consumer Inclusion

Recovery is a collaborative process that requires ongoing effort and commitment from the person who is recovering. Recovery is built upon the strengths inside a person that enable them to overcome, not upon the strengths of the staff's caretaking or even treatment. Recovery is most clearly seen from the client's point of view. Recovery programs emphasize client inclusion and active participation – "nothing about us without us."

	Not Yet Explored	Exploring	Emerging	Maturing	Excelling
Treatment/ service choices	☐	Treatment planning includes clients' words and goals and signed by clients ☐	Clients can choose what services they want to participate in ☐	Informed client choice of service options ☐	Client is author of treatment plan with collaboration actually writing it ☐
Treatment / Service collaboration	☐	Staff solicits input from clients about their treatment / services ☐	Guided collaborative client choice of services (e.g. type of therapy, medications with psychiatrist / budget choices with staff payee) ☐	Widespread tools to help clients "negotiate" with psychiatrists and other staff (e.g. Shared decision making tools) ☐	Widespread tools to help clients take ownership and responsibility for own wellness (e.g. WRAP) ☐
Treatment / service Autonomy	☐	Forms to help clients think through what they want and what services would lead to those goals ☐	Staff continue to follow clients as they try paths the staff don't approve of ☐	Active staff support for client goals and services that aren't the choice the staff would've made ☐	Broad implementation of Advanced directives both in the program and with local hospitals and ERs ☐
Client choice of service provider	☐	Client can talk to supervisor if they have complaints to change staff ☐	Client may choose provider within program based on list with staff's traits, skills and interests ☐	"Open enrollment" – clients can periodically change staff and psychiatrist to another available staff of their choice without having to give justification ☐	Possible to "hang out" without intake observing to see they can trust program and watch staff to choose who they want to work with ☐
Involvement with consumer movement and	☐	Consumer movement speakers and literature	Clients involved in larger consumer movement activities including advocacy	Active support for clients to become leaders in and be hired by the	Clients host consumer run advocacy and community education / anti-stigma efforts ☐

fighting stigma		available ☐	(e.g. state capital trips, letter writing campaigns) ☐	consumer movement ☐	
Client inclusion in creative and social activities	☐	Displays of client artwork / writings ☐	Staff facilitate client chosen social activities and classes (e.g. art, poetry , newsletter) ☐	Client run program social calendar or newsletter or client run program events – (e.g. awards ceremony, fashion show, Christmas party, talent show, "make a difference day") ☐	Client run social and creative activities in the community (e.g. bowling team, booth at art fair, library reading to kids program) ☐
Consumer run services	☐	Staff facilitate client support groups ☐	Consumer run peer support groups and networks ☐	Consumer run groups – social support, non mental health skills (e.g. flower arranging, cooking, using the internet) ☐	Consumer run drop-in / club house services / consumer run agency "businesses" – snack shop, garden, flower shop ☐
Consumer mental health employment	☐	Consumers able to volunteer in program ☐	Consumers hired as "peers" or "mentors", peer support /advocate staff ☐	Consumers hired into a variety of entry level positions in program – community worker, van driver, clerical, case worker, etc. ☐	Consumers integrated into general employment at program, Jobs throughout the agency including leadership and professional open to consumers ☐
Advocacy within clinic	☐	Grievance process is posted ☐	Staff run grievance process ☐	Grievance process involves other consumers ☐	Program has internal client run advocacy service ☐
Consumer participation in program management	☐	Client satisfaction surveys and interviews or "Complaint / Suggestion" box is available ☐	Clients assist in satisfaction survey data collection. Data is collected regarding client perceptions is shared with staff ☐	Clients help develop program policies and procedures ☐	Clients have real impact on interviewing, hiring, promotions, raises, and firing of staff ☐
Total in Each Column	☐				
% Score (total/10)	☐				

Row Name	Excelling Activity/Practice beyond what is specified in that particular row
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Emotional Healing Relationships and Environments

Recovery includes a process of healing – from the symptoms of the illness itself, and also from trauma, destruction, and rejection. Many people are unable to participate in structured psychotherapy and therefore need us to expand our ability to be emotionally healing beyond the confines of therapy. Our program environments often need to be a place of listening and empathy, acceptance and safety – a sanctuary to grow beyond

	Not Yet Explored	Exploring	Emerging	Maturing	Excelling
Listening	☐	Avoiding and challenging commonly offensive language ☐	Use of "person centered" language in documentation and communication ☐	Using client's own words to describe their story and experiences in the delivery of services (e.g. if the client uses another word for hallucinations or voices, use their word) ☐	Reciprocal use of personalized endearing language (e.g. "inside" jokes and mutual nicknames) ☐
Partnerships	☐	Initial interactions are prior to reviewing client chart and learning diagnosis, learning about client directly from client ☐	Making plans that include respecting consumer's knowledge and skills and believing in their ability to know what is best for them and evidence of including natural supports ☐	Diminish "arms length" between staff and clients – "boundaries", not "barriers" ☐	Staff interact with clients in non-clinical settings after hours and on weekends ☐
Rituals	☐	Celebrating client and staff birthdays together ☐	Celebrating holidays together ☐	Personal rituals for acceptance / welcoming into the program as well as for rites of passage for clients ☐	Inclusion of staff and clients in community rituals in each other's lives (e.g. graduations, weddings, baby showers, funerals) ☐
Spirituality	☐	Spirituality included in initial assessment and service planning ☐	Tools to explore spirituality with clients including spiritual / faith based healing and other interventions related to one's culture ☐	Develop referral list and support clients to connect with spiritual settings that are reasonably welcoming to people with mental illnesses ☐	Program facilitates creation of spiritual activities and healing both within the program and collaborating with community resources ☐
Expanding "therapy"	☐	Educationally structured emotional skill building groups (e.g. stress reduction, anger management, coping with trauma) ☐	Integrate "therapy" in case management, including "in the field" ☐	Provide specialized therapeutic services for clients "inappropriate" for traditional therapy (e.g. dual diagnosis, ACT, DBT, "in vivo corrective emotional experiences")	Staff are knowledgeable and clients utilize non-traditional and holistic interventions ☐

				☐	
Healing focused activities	☐	Healing through art, music, poetry, creative writing, etc. ☐	Tools for clients to explore what healing means to them ☐	Inclusion of "core gifts" and wounds / helping people find the meaning and blessing in their suffering ☐	Facilitating events designed to heal our communities (e.g. group mourning after a tragedy, community rebuilding efforts, prayer circles) ☐
Safety	☐	Program staff are knowledgeable of program safety and response protocols ☐	Program safety rules are based on current behavior and self responsibility and not diagnosis, symptoms or sobriety ☐	Reduction of bannings, physical controls, seclusion and restraints through increased empathy and "trauma informed" services/culture ☐	Program safety by shared "community watch" not by segregating and guarding clients, elimination of physical barriers (Plexiglas, keypads, etc.) ☐
Emotional reciprocity	☐	Staff share of themselves during engagement to build trust ☐	Staff accept gifts of gratitude from clients and clients have opportunities to give awards to staff ☐	Regular expressions of reciprocal concern (e.g. clients sign get well cards for staff) ☐	Shared memorial services for clients who die including staff, clients, family, and community grieving together ☐
Family Inclusion	☐	Intake form lists which family members client consents for staff to communicate with ☐	Inclusion of family and others in first contacts and plans to increase client's comfort level ☐	Regular programs to welcome family members (e.g. Family nights") ☐	Family members are integrated in the recovery process ☐
Staff Self disclosure and genuine emotional availability	☐	Staff encouraged to have personal items around work area ☐	Therapeutic use of self disclosure commonly used by staff ☐	"Companioning" – staff accompany clients as they struggle as fellow travelers sharing their own reactions and journeys, "being there for them without needing to fix anything for them" ☐	Staff currently working with mental illness feel safe enough to disclose their conditions ☐
TOTAL IN EACH COLUMN	☐				
% Score (total / 10	☐				

Row Name	Excelling Activity/Practice beyond what is specified in that particular row
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Quality of Life Focus

Recovery isn't achieved when an illness is successfully treated. Recovery is achieved when a life is rebuilt, even if the illness persists. People may need a great deal of direct support, guidance, opportunity creation, and learning skills to rebuild their lives. People need roles beyond chronic mental patient, meaning beyond treatment and connections beyond staff.

	Not Yet Explored	Exploring	Emerging	Maturing	Excelling
Sharing and celebrating Quality of Life success	☐	One to one recognition of QOL accomplishments ☐	Shared QOL accomplishment stories with other clients in groups ☐	Celebrations and acknowledgement of QOL accomplishments. ☐	Sharing QOL accomplishments with community and/or media. ☐
Charity Services	☐	List of charity resources (e.g. food, clothes) ☐	Available emergency housing resources or vans to food bank, shelter, thrift store ☐	Collaboration agreements with community charity organizations (e.g. bus tokens donated by a church, thrift store gives free "move in" setups with furniture and dishes) ☐	Clients work with staff at local charity organizations as volunteers to "give back" ☐
Focus on employment	☐	Employment/career goals are explored during intake ☐	State Vocational rehab staff co-located at clinic or dedicated in–house employment specialist staff is identified ☐	A stepwise array of employment services are offered (Job development, on the job training, supportive employment services, and "job club") ☐	Easily accessible menu of paid employment opportunities are offered to all clients (including internships, supported employment, agency run businesses, client run businesses, disclosure and non-disclosure competitive community employment) ☐
Focus on education	☐	Educational goals are explored during intake ☐	Disabled student services staff are co-located or dedicated in-house education staff identified ☐	Educational assistance offered at all levels including in the community based options ☐	Actively facilitate changes in local community educational institutions to integrate people with mental illness ☐
Focus on housing	☐	Housing goals are explored during intake ☐	Housing specialist at clinic ☐	Accessible menu of housing services suited to clients (including e.g. emergency housing, hotels, Board and Cares, transitional housing, supportive housing services in scattered apartments in the community) ☐	Develop and run collaborative HUD subsidy programs (e.g. shelter plus, safe haven) ☐

Focus on budgeting and finances	☐	Chart includes financial goals and referrals available ☐	Active SSI advocacy and benefits assistance ☐	Financial guidance and budgeting skills services and/or coordinating effects of earned income on benefits ☐	Advocacy and facilitation for community based banking services ☐
Focus on physical health	☐	Monitor physical health and make referrals ☐	Tools to screen for and address physical health QOL and staff designated to physical health care and/or some wellness activities ☐	Networking with physical health services and/or range of wellness activities (e.g. nutrition, exercise, health education, prevention, healthy cooking class) ☐	Actively facilitate changes at local physical health care providers to effectively serve people with mental illness ☐
Collecting outcomes data on Quality of Life domains for clients	☐	Chart has form to assess QOL needs and goals ☐	Charting of "Key Event Changes" when client's QOL changes ☐	QOL outcome data collection and reporting to staff (e.g. "report card") ☐	QOL outcomes incorporated into program contracts and/or promotional and advocacy materials ☐
Focus on substance use	☐	Chart reflects substance abuse issues and referrals available ☐	Charting reflects discussions of 12 step work and progress. Celebrate sobriety anniversaries ☐	All staff are "dual diagnosis" competent – incorporating substance abuse treatment into their work - and "dual recovery" groups ☐	Widespread use of motivational interviewing and harm reduction ☐
Focus on improving parenting skills and familial relationships	☐	Staff have some interactions with and goals regarding client's children at the program ☐	Some advocacy and referrals for client's children (e.g. write letters for Children's Services and Dependency Court) ☐	Range of services on site and in the community to support parenting ☐	Collaborating and/or subcontracting with agencies for family social services and/or family enrichment activities (e.g. Mommy and Me) ☐
TOTAL IN EACH COLUMN	☐				
% Score (total / 10	☐				

Row Name	Excelling Activity/Practice beyond what is specified in that particular row
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Community Integration

Recovery means moving beyond being a "good patient" and getting needs met from mental health professionals. Hospitalizations and jailings often reflect failures in community integrations. Life occurs out in the community, not inside a program, even a pleasant one. Recovery is a return to a web of personal relationships, familial, intimate, neighborly, even spiritual. Many other parts of our community need to contribute to recovery. It's not a private journey isolated in a professional's office. It is an embracing of life.

	Not Yet Explored	Exploring	Emerging	Maturing	Excelling
Educating the community	☐	Community mental health awareness and promotion activities ☐	Open house inviting families and community ☐	Individuals or panel telling stories to community (e.g. Chamber of Commerce) ☐	Shared client and staff efforts to liaison with local media for positive publicity ☐
Involvement in the community	☐	Postings of community activities / recreational opportunities ☐	Specialty staff to develop welcoming in the community and niches for clients ☐	Agency itself is involved in local community and seen as a "good neighbor" ☐	Organization is community leader for widespread charity and volunteering activities ☐
Relationships to support community living	☐	Staff visits consumers in their homes for support ☐	House warming parties with just staff and clients ☐	House warming parties including neighbors / community friends ☐	Establish and nurture relationships with community landlords ☐
Integration of services in the community	☐	Identify an existing consumer group / social center for activities in the community ☐	Program runs group social activities in the community ☐	Staff working in the community with clients giving support, mentoring, encouragement ☐	Client bridgers to help clients get involved in the community ☐
Use of hospitals	☐	Staff contact hospital staff regarding discharges and help identify community resources ☐	Staff visit clients in hospital and actively coordinate discharge plans ☐	Community based problem solving and crisis stabilization to keep clients in the community even while struggling ☐	Hospitals develop range of recovery culture programs to respond to crises ☐
Legal issues	☐	Write letter for court ☐	Discuss legal issues with lawyers, probation, parole on phone ☐	Supporting clients in court and probation and parole offices, and visit in jail ☐	Engage in active efforts to reform legal systems treatment of people with mental illness (e.g. participate in creation of mental health court or new diversion program) ☐

Community social activities	☐	Staff help clients explore things they have an interest in ☐	Monthly calendar of community activities or recorded phone hotline "what's going on around town" ☐	Monthly calendar of community activities staff accompany clients to including nightlife activities ("ladies night out") ☐	Monthly staff and consumer outings using public transportation together ☐
Citizenship	☐	Newspaper / current events groups ☐	Voter registration drive and voter education sessions ☐	Staff led efforts to be part of legislative process advocating with legislature ☐	Support client involvement with local political cause and community issues and campaigns (e.g. city council meetings, voting drives, volunteer for candidates, raising money for soldiers) ☐
Natural supports	☐	Chart identifies client's natural supports ☐	Family education and support groups including NAMI ☐	Including client's natural support system in plans ☐	Facilitating development of more extensive natural client support system – reunite with families, big brother/ sisters, 12 step mentors ☐
Cultural diversity	☐	Posting of community culture based activities (e.g. pow wows, black awareness month, women's forum, church) ☐	Individual staff post community activities from their own culture ☐	Clients and staff involved together in culture based activities ☐	Development of cultural, faith based, and charity partners to collaborate with on an ongoing basis ☐
TOTAL IN EACH COLUMN					
% Score (total / 10					

Row Name	Excelling Activity/Practice beyond what is specified in that particular row
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Staff Morale and Recovery

Staff can only give what they have themselves. Staff needs to be hopeful, empowered, self responsible, and pursuing meaning in our own lives if we are to promote recovery in others. When faced with the burdens and tragedies of this work, we need resiliency and strong morale and we need to be nurtured and healed ourselves to keep our hearts open. We need to work together and support each other, to be "trench buddies" to work safely, ethically, and effectively with low barriers and walls.

	Not Yet Explored	Exploring	Emerging	Maturing	Excelling
Staff recognition- public	☐	Sharing success stories ☐	Staff generic recognition Awards – "U Rock," "Gotcha" for good work ☐	Employee recognition events ☐	Staff accomplishments are honored in the community and/or media ☐
Staff training	☐	Sharing history of agency ☐	Staff coaches and mentors ☐	Skills trainings for staff to learn to do recovery work better ☐	Leadership development for staff ☐
Where ideas are generated in the organization	☐	Staff suggestion box ☐	Staff input regularly solicited when changes are made in program ☐	Staff are included in workgroups/activities where actual decisions and products are made ☐	Staff create vision and practices for program ☐
Staff interaction with other staff	☐	Celebrate professional growth ☐	Staff celebrate and/or grieve personal life changes ☐	Playing together, being friends ☐	Emotional health of staff is mutually shared and supported ☐
Team building and staff trust in each other	☐	Staff retreats with team building exercises ☐	Specific time set aside for staff shared story telling ☐	Staff input into hiring of their team mates ☐	Safety and ethics is a mutual staff responsibility ☐
Process in place for clinical supervision/ support	☐	Morning meetings ☐	Regularly scheduled 1:1 supervision with clinical supervisor ☐	Shared processing of difficult clients and work side by side in difficult situations ☐	Senior staff model vulnerability and self questioning ☐
Staff burnout	☐	Open discussion about burnout occurs ☐	"Paper work parties" ☐	Supervisor provides work that regularly includes reenergizing and sustaining activities ☐	Staff work to actively heal and reenergize each other ☐
Emotional support from supervisors	☐	Positive interactions between staff and supervisors are promoted ☐	Cards from supervisors to employees complementing achievements ☐	Supervisors have "open door" policy and practice ☐	Supporting staff through personal crisis ☐

Orientation	☐	New staff are introduced and provided a tour ☐	Roles and responsibilities are discussed with new staff and team members ☐	Substantial orientation and welcoming for new staff ☐	Orientation for all staff includes exposing them to entire agency ☐
Inclusion of all staff (not just direct service staff)	☐	Non-direct staff are informed of program/clinic activities ☐	Non-direct service staff are asked for input regarding program services ☐	Representatives of non-direct service staff participate in meetings, trainings ☐	All non-direct service staff / clerical participate as full part of team – trainings, team meetings, etc ☐
Total in Each Column	☐				
% Score ***(total / 10)***	☐				

Row Name **Excelling Activity/Practice beyond what is specified in that particular row**

_____ _____

_____ _____

_____ _____

_____ _____

Overall Scoring Summary

Dimensions	Not Yet Explored	Exploring	Emerging	Maturing	Excelling
Welcoming and Accessibility					
Growth Orientation					
Consumer Inclusion					
Emotionally Healing Environments and Relationships					
Quality of Life Focus					
Community Integration					
Staff Morale and Recovery					